

Pre-Transfer Checklist

This form must be completed by referring trust following acceptance of the patient referral by the Nightingale, and prior to patient transfer.

Please send the completed hard copy of this checklist with the patient at point of transfer to the Nightingale, and append :

- 1. A nursing handover
- 2. The patient's admission notes
- 3. Most recent Covid-19 swab results
- 4. Latest blood results

Patient name : _____
DOB : _____
Hospital/NHS number : _____

- 1. Is the discharge summary done?
- 2. Has the patient been supplied with four weeks' worth of medications?
- 3. Is the D2A form attached?
- 4. Has the patient been recruited to a research project?

If YES : title of project _____
Project type (delete as appropriate) observational/treatment/sampling

- 5. Have you attached the ResPect Form (if needed)?
- 6. Have valuables been kept securely?
- 7. Has the patient got personal belongings?
e.g. Glasses, hearing aid, keys, mobile phone, charger, dentures, walking aids
- 8. Has the NOK been informed of the transfer?

9. Any other comments about home situation, safeguarding issues or about the patient that would be helpful for Nightingale staff :

Completed by:
Print name : _____
GMC/NMC/HCPC Registration number : _____
Date : _____ (any other Professional body number) _____